

RADIATION SAFETY OFFICE

4505 MARYLAND PARKWAY, LAS VEGAS, NEVADA 89154-1042
(702) 895-4226

Request for Personnel Dosimetry

Full Name: _____
Last First Middle

UNLV ID#: _____ DOB: _____ Sex: _____

Social Security Number: _____ (*only provide SSN for previous exposure*)

Mailing Address: _____

Academic Program/Department: _____ Supervisor: _____

Position in Program/Department: _____ Sources/RPD Working With: _____

For RSO Office Use Only			
Added to Landauer date:	Group No:	Training date:	
Type of Badge:	Whole Body	Collar	Fetal
			Ring
If Spare issued, No:	Badge No:	Badge Series:	

THIS YEAR, have you worn a radiation detection badge at a location other than UNLV? **Yes No** (Circle one)

If **YES**, provide your social security number with personal information above and give the complete name and address of that employer and the dates worked below:

Facility Name: _____

Address: _____

City: _____ State/Country: _____ Zip: _____

Date employed from: _____ to: _____

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